

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8149</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Kenneth Young</u> P.O. Box, Bldg., Room No., if any _____ Street <u>27576 Drexel Way</u> City <u>Hayward</u> State <u>Calif.</u> ZIP Code + 4 <u>94545-4221</u>	4. Name, file number, and address of labor organization. Name <u>Bakery Confectionery Tobacco Workers & Grain Millers</u> Labor Organization File Number <u>001-654</u> P.O. Box, Building and Room Number, if any _____ Street <u>14144 Doo Little Drive</u> City <u>San Leandro</u> State <u>CA</u> ZIP Code + 4 <u>94577</u>
5. Position in labor organization. <u>Vice-President/Business Agent and Health & Welfare Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kenneth Young</u>	On <u>7/11/05</u> Date	<u>(910) 783-6347</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Zenith Administrator</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 423268</u></p> <p>Street _____</p> <p>City <u>San Francisco</u></p> <p>State <u>Calif.</u> ZIP Code + 4 <u>94142-3268</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>BK Workers Local 125 Health Welfare Trust Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 423268</u></p> <p>Street _____</p> <p>City <u>San Francisco</u></p> <p>State <u>Calif.</u> ZIP Code + 4 <u>94142-3268</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Trust Fund Administrator</u></p>
	<p>11.b. Approximate dollar value of such dealing. _____</p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Trustee Expense reimbursement for attending International Foundation of Employee Benefit Plan Conference from November 29, 2004 thru December 4, 2004</u></p>
	<p>12.b. Amount. <u>\$ 3491.30</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Trustee: Kenneth Young
 Name of Trust Fund: B3C Workers Local 125 Health & Welfare Trust Fund
 1991 2004

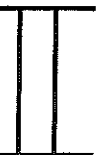
LM-30 Part B

Month	Date	Event	Expense Reimbursement	Meal	Lodging	Incidentals	TOTAL
January							
February							
March							
April	26 th	IFEBP Conference registration	\$1550.00				\$1550.00
May							
June							
July							
August							
September							
October							
November							
	29 th	IFEBP Conference	\$64.00	\$244.82	\$332.20	\$642.02	
	30 th	"	\$64.00	\$244.82		\$308.82	
	1 st	"	\$65.00	\$244.82		\$309.82	
December	2 nd	"	\$63.00	\$244.82		\$307.82	
	3 rd	"	\$63.00	\$244.82		\$307.82	
Totals							

Kenneth Young

Name of Trustee
Name of Trust Fund

2004



Month	Date	Event	Expense Reimbursement	Meal	Lodging	Incidentals	TOTAL
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December	4th	IFERP Conference		\$65.00			\$65.00
Totals			\$1550.00	\$384.00	\$1224.10	\$332.20	\$3491.30